

57369

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION,
744 P Street, Sacramento, CA 95814

1 Manifest Number **015-002301**

GENERATOR (Generator Must Complete)		3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)		4 Alternate TSD Facility		SFUND RECORDS CTR 999000897	
2 Name ALUMINUM COMPANY OF AMERICA		Name OPERATING INDUSTRIES, INC.		Name CHEMICAL WASTE MANAGEMENT INC.			
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CAT000646117			
Address 5151 Alcoa Ave. Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address P.O. BOX 1104, 430 W. ELM AVE.			
City, State, Zip Vernon, CA 90058		City, State, Zip MONTEREY PARK, CA		City, State, Zip COALINGA, CA 93210			

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:		
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS		
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK		
					<input type="checkbox"/> OTHER		
6 WASTE CATEGORY 47 & 48		7 EX. HAZ. WASTE PERMIT NO.		8 GENERATING PROCESS Aluminum Fabrication			
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
9 A. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %		
10 WASTE PROPERTIES: pH 7		<input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen					
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other		WATER & OIL SLUDGE					
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other							

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13

Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		15 PICK-UP DATE 5-2-81	
14 NAME ASBURY OIL CO.		TIME 3:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. CAD028277036		5-2-81	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392		Date	
CITY, STATE, ZIP Gardena, California 90249		16 Signature of Authorized Agent and Title	

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)		21 HANDLING OR DISPOSAL METHOD:	
17 NAME OPERATING IND		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
EPA NO. CAT080012024		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO. _____		<input type="checkbox"/> Treatment (Specify) _____	
20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____			
22 NAME _____		23 Signature of Authorized Agent and Title	
EPA NO. _____		Date Accepted	